

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096097

FILED
Mar 24, 2011
Secretary of State

Entity Name: COMPLETE WELLNESS MEDICAL CENTER OF SANFORD, INC.

Current Principal Place of Business:

501 WEST STATE RD 434
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

501 WEST STATE RD 434
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3414774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANDELL, THOMAS F JR
1866 E. CROWLEY CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: YANDELL, THOMAS F JR
Address: 1866 E. CROWLEY CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: PSD
Name: YANDELL, CAROL C
Address: 1866 E. CROWLEY CIRCLE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFF LAREAU FOR THOMAS YANDELL

P

03/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date